



Samarth Raghuvir Sahakari Patsanstha Ltd., Mumbai

Reg. No. BOM/WP/RSR/CR/1125 Dt. 16-12-87

HEAD OFFICE : 11/846, Krishna Sahara Niketan CHS., Magathane, Jai Maharashtra Nagar, Borivali (E), Mumbai-400 066.

Tel. : 28861526 / 28861525 Email : samarth_pat@yahoo.com

ACCOUNT OPENING FORM

The Branch Manager,
Samarth Raghuvir Sahakari Patsanstha Ltd.,
Branch _____

Client No.

Member No.

Dep. A/c. No.

Date :

Dear Sir / Madam,

I / We request you to accept in cash / cheque a sum of Rs. _____ (Rupees _____) to open an A/c. with your Patsanstha as per details given below.

A/c. Type : Saving ☐ Daily ☐ R.D. ☐ Fixed Deposit ☐ _____ Deposit ☐

Period : _____ Day / Month Rate of Interest : Int. to A/c. _____

Surname _____ Name _____ Middle Name _____
Mr./Mrs./Ms. _____

Mr./Mrs./Ms. _____

Date of Birth : Age : Date of Birth Age:

Address : _____
Pin No.

Ph. Mob. Email: _____

Business Service Address : _____ Department _____

Monthly Income : Mob. No. :

Name of Nominee _____ Relation : _____ Date of Birth : _____

Mode of Operation : Self ☐ Jointly ☐ Either or Survivor : ☐ Any Other Instruction _____

Aadhar No. Aadhar No.

Pan No. : Applicant 1 Pan No. : Applicant 2

Applicants Photograph

Signature :